

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

| | | |
|----------------------|---|-----------------------|
| IN RE: |) | CASE NO: 18-60154-PMB |
| |) | |
| PAMALA DENISE HELLER |) | |
| |) | CHAPTER 13 |
| |) | |
| DEBTOR. |) | |

**DEBTOR'S AMENDMENT TO CHAPTER 13 SCHEDULES
AND SUMMARY OF SCHEDULES**

COMES NOW Debtor and amends the Chapter 13 Schedules to provide the following:

1. Debtor amends Schedule I as attached, to update the current monthly income.
2. Debtor amends Schedule J as attached, to update the current monthly expenses.
3. Debtor amends the Summary of Schedules to reflect the changes listed above.

WHEREFORE, Debtor prays that this Amendment be allowed, and for such other and further relief as the Court deems appropriate and just.

Respectfully submitted
this 17th day of January 2019

/s/

Howard Slomka, Esq.
GA Bar #652875
Attorney for Debtor
Slipakoff and Slomka, PC
Overlook III
2859 Paces Ferry Rd, SE
Suite 1700
Atlanta, GA 30339
se@myatllaw.com
(404) 800-4001

**UNITED STATES BANKRUPTCY COURT
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ATLANTA DIVISION**

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| IN RE: |) | CASE NO: 18-60154-PMB |
| |) | |
| PAMALA DENISE HELLER |) | |
| |) | CHAPTER 13 |
| |) | |
| DEBTOR. | | |

DECLARATION UNDER PENALTY OF PERJURY

I (We) declare under penalty of perjury that the foregoing is true and correct to the best of my (our) knowledge, information and belief.

Done, this 17th day of January 2019.

/s/
Pamala Denise Heller

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §152 and §3571.

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

| | | |
|----------------------|---|-----------------------|
| IN RE: |) | CASE NO: 18-60154-PMB |
| |) | |
| PAMALA DENISE HELLER |) | |
| |) | CHAPTER 13 |
| |) | |
| DEBTOR. | | |

CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that I am more than 18 years of age, and that on this day, I served a copy of the foregoing amendments upon the following by:

Pamala Denise Heller (via hand delivery)
1064 Sly Fox Run
Fairburn, GA 30213

I further certify that, by agreement of parties, Melissa J. Davey, Standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system

Done, this 17th day of January 2019.

/s/
Howard Slomka, Esq.
GA Bar #652875
Attorney for Debtor
Slipakoff and Slomka, PC
Overlook III
2859 Paces Ferry Rd, SE
Suite 1700
Atlanta, GA 30339
se@myatlalaw.com
(404) 800-4001

Fill in this information to identify your case:

Debtor 1 Pamala Denise Heller

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 18-60154
(If known) _____

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Teacher

Henry County Schools

33 N Zack Hinton Parkway
McDonough, GA 30253

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there? 5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>5,525.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | \$ <u>5,525.00</u> | \$ <u>N/A</u> |

Debtor 1 **Pamala Denise Heller**Case number (if known) **18-60154**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here | 4. \$ 5,525.00 | \$ N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 1,281.00 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 332.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 132.00 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 0.00 | \$ N/A |
| 5h. Other deductions. Specify: | 5h. \$ 0.00 | \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 1,745.00 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,780.00 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 0.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ N/A |
| 8h. Other monthly income. Specify: | 8h. \$ 0.00 | \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 3,780.00 + \$ N/A = \$ 3,780.00 | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | |
| | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies | 12. \$ 3,780.00 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

Debtor 1 Pamala Denise Heller

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 18-60154
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

12

☐ No
☒ Yes

Child

24

☐ No
☒ Yes

☐ No
☐ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,500.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. \$ 0.00

Debtor 1 **Pamala Denise Heller**

Case number (if known) **18-60154**

| | | |
|--|----------|--------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 110.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 25.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 110.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 300.00 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 10.00 |
| 10. Personal care products and services | 10. \$ | 10.00 |
| 11. Medical and dental expenses | 11. \$ | 10.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 225.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 270.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | |
| | 16. \$ | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: _____ | 17c. \$ | 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ | 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ | 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: _____ | 21. +\$ | 0.00 |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | | \$ 2,570.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ 2,570.00 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 3,780.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ | 2,570.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | 1,210.00 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain here: _____ | | |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|-------------|-----------|
| Debtor 1 | Pamala Denise Heller | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | 18-60154 | | |

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|---|----|--------------------------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ | 268,695.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | 50,325.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ | 319,020.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|---|----|------------------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ | 321,473.45 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ | 254,629.00 |
| Your total liabilities | | \$ 576,102.45 |

Part 3: Summarize Your Income and Expenses

| | | |
|---|----|----------|
| 4. Schedule I: Your Income (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ | 3,780.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ | 2,570.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Pamala Denise Heller**

Case number (if known) **18-60154**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,141.41**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| | Total claim |
|--|----------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 202,472.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 202,472.00 |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|-------------|-----------|
| Debtor 1 | Pamala Denise Heller | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | 18-60154 | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Pamala Denise Heller

Pamala Denise Heller
Signature of Debtor 1

X

Signature of Debtor 2

Date January 17, 2019

Date _____

Label Matrix for local noticing
113E-1
Case 18-60154-pmb
Northern District of Georgia
Atlanta
Thu Jan 17 12:35:49 EST 2019

(p)CREDIT ACCEPTANCE CORPORATION
25505 WEST 12 MILE ROAD
SOUTHFIELD MI 48034-8316

360 Mortgage Group
11305 Four Points Dr Bld
Austin, TX 78726-2367

(p)CAPITAL ONE
PO BOX 30285
SALT LAKE CITY UT 84130-0285

Avant Llc
222 N. Lasalle Suite 170
Chicago, IL 60601-1101

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Citi
Po Box 6241
Sioux Falls, SD 57117-6241

Comenitybank/ny&co
Po Box 182789
Columbus, OH 43218-2789

Comenitybank/victoria
Po Box 182789
Columbus, OH 43218-2789

Credit Acceptance
Po Box 513
Southfield, MI 48037-0513

Melissa J. Davey
Melissa J. Davey, Standing Ch 13 Trustee
Suite 200
260 Peachtree Street, NW
Atlanta, GA 30303-1236

Dept Of Ed/navient
Po Box 9635
Wilkes Barre, PA 18773-9635

Fst Premier
601 S Minnesota Ave
Sioux Falls, SD 57104-4824

Pamala Denise Heller
1064 Sly Fox Run
Fairburn, GA 30213-4908

Craig B. Lefkoff
Lefkoff, Rubin, Gleason & Russo, PC
Suite 900
5555 Glenridge Connector
Atlanta, GA 30342-4762

LoanCare Servicing Ctr
3637 Sentara Way
Virginia Beach, VA 23452-4262

NAVY FEDERAL CREDIT UNION
PO BOX 3000
MERRIFIELD, VA 22119-3000

Navient Solutions Inc
Po Box 9500
Wilkes Barre, PA 18773-9500

Navient Solutions, LLC on behalf of
Department of Education Loan Services
PO Box 9635
Wilkes Barre, PA 18773-9635

Navy Federal Cr Union
Po Box 3700
Merrifield, VA 22119-3700

Nc Financial
200 W Jackson Blvd Ste 2
Chicago, IL 60606-6941

Nelnet Lns
Po Box 1649
Denver, CO 80201-1649

Nelnet Loans
6420 Southpoint Pkwy
Jacksonville, FL 32216-0946

New Penn Financial, LLC
c/o Shellpoint Mortgage Servicing
PO Box 10826
Greenville, SC 29603-0826

OneMain
P.O. Box 3251
Evansville, IN. 47731-3251

Onemain
Po Box 1010
Evansville, IN 47706-1010

PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Quantum3 Group LLC as agent for Comenity Ban
PO Box 788
Kirkland, WA 98083-0788

SYNCHRONY BANK
c/o Weinstein & Riley, PS
2001 Western Ave., Ste 400
Seattle, WA 98121-3132

Howard P. Slomka
Slipakoff & Slomka, PC
Overlook III - Suite 1700
2859 Paces Ferry Rd, SE
Atlanta, GA 30339-6213

Synco/jcp
Po Box 965007
Orlando, FL 32896-5007

Synco/walmart
Po Box 965024
Orlando, FL 32896-5024

Synchrony Bank
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Usaa Savings Bank
Po Box 47504
San Antonio, TX 78265

Wells Fargo Bank N.A., d/b/a Wells Fargo Aut
P.O. Box 19657
Irvine, CA 92623-9657

Wells Fargo Dealer Svc
Po Box 1697
Winterville, NC 28590-1697

eCAST Settlement Corporation
PO Box 29262
New York NY 10087-9262

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

CREDIT ACCEPTANCE
25505 WEST 12 MILE ROAD
SOUTHFIELD, MI 48034

Capital One
15000 Capital One Dr
Richmond, VA 23238

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Synchrony Bank
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

(u)Wells Fargo Bank, N.A., dba Wells Fargo De

| End of Label Matrix | |
|---------------------|----|
| Mailable recipients | 36 |
| Bypassed recipients | 2 |
| Total | 38 |